



## QUALITY IMPROVEMENT REPORT

ND DEPARTMENT OF HUMAN SERVICES

FOOD SERVICES

SFN 643 (8-2004)

Case Name	County Office
QC Review Number	Review Month
Case Number	Date Quality Improvement Report Completed

The purpose of this report is to give eligibility workers the opportunity to provide additional detailed information to the state Food Stamp program staff. Use this form to review the error and analyze the primary, secondary, and all contributing factors surrounding the error. Information gained from this report will aid state program staff in future planning, training and the reduction and avoidance of errors. **This form should be completed during a staff meeting that includes all eligibility staff. The completed form must be sent to the state Food Stamp office within 30 days of receiving the Quality Control Findings. Attach additional pages if necessary.**

1. Provide a complete description of the error:
2. What are the primary and other contributing cause(s) of the error?
3. What case corrections have been completed as a result of this error?
4. What information or clues may have alerted the eligibility worker to the possibility of error?
5. List the specific practice(s) or procedure(s) the Agency has implemented to prevent an error such as this in the future. (Attach sheet if necessary)
6. What State Office procedures may assist in preventing this error in the future?
7. Does your office complete casefile reviews of new applications, recertifications, claims and negative actions on a regular basis?      No              Yes-Who in your agency completes the casefile reviews?

Name of Person Completing this Form	Date
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Distribution: Original - State Food Stamp Office within 30 days  
Copy - Regional Representative and County casefile